

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10 / 524520

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		(+) 1				
5		(+) 1				
6		(+) 1				
7		(+) 1				
8		(+) 1				
9		(+) 1				
10		(+) 1				
11		(+) 1				
12		(+) 1				
13		(+) 1				
14		(+) 1				
15		(+) 1				
16	1					
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
24		1				
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48						
49						
50						
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	23	←		←		←
TOTAL CLAIMS	25					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						